

West Virginia Response to Intervention Project
Student Assistance Team Report

INITIAL SAT MEETING

Student _____ School _____ ID# _____
DOB _____ Age _____ Current Grade _____ Grades Repeated _____
Parent(s)/Guardian(s) _____ Phone _____
Address _____
Referring Teacher(s) _____
Date of initial SAT meeting _____
Level of support **currently** being provided to student: Tier 1 Tier 2 Tier 3

I. Statement of Referral Concerns(s) and Pre-Referral Interventions.

II. Parent Involvement: Describe parent(s)/guardian(s) contacts made prior to this referral to the SAT, including the dates, results, and copy of Parent Notification.

DATES	RESULTS

III. Statement of Relevant School Experiences: (K-4 ONLY)

a. Did the student participate in a community or private preschool? NO YES
If yes, describe, the services, including frequency and duration.

** Referring Teacher completes parts I, II & III, and submits to the SAT Chair.*

- b. Did the student receive special education services from WV Birth to Three (IDEA Part C) early intervention program? NO YES If yes, describe the services, including frequency and duration. _____
- c. Did the student receive special education services from an IDEA Part B program for three to five year olds? NO YES If yes, describe the services, including frequency and duration. _____
- d. Does the student have a history of transfers from school to school? If yes, describe frequency. _____
- e. Does the student have a history of excessive absences? NO YES If yes, describe. _____
- f. Other pertinent school experiences information that might impact student learning: _____
- g. Indicate each data source reviewed by the SAT. **NOTE:** Each data source document must be attached to the SAT form.

- | | |
|---|---|
| <input type="checkbox"/> DIBELS | <input type="checkbox"/> Benchmark |
| <input type="checkbox"/> Achievement (e.g. WESTEST) | <input type="checkbox"/> Classroom Performance/Grade |
| <input type="checkbox"/> Health/Medical/Vision/Hearing/Speech | <input type="checkbox"/> Behavior/Social/Positive Behavior Support Plan |
| <input type="checkbox"/> Intervention Plans (e.g. lesson plans) | <input type="checkbox"/> Scholastic Reading Inventory (SRI) |
| <input type="checkbox"/> Attendance Summary | <input type="checkbox"/> Sonday |
| <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Waterford |
| <input type="checkbox"/> Other _____ | |

IV. Based on the reviewed data, the following action(s) will be taken:

- Continue Tier 1 classroom interventions for _____ weeks.
The SAT will reconvene on or before _____.
- Develop or modify Tier 2 or Tier 3 intervention plan.
The SAT will reconvene on or before _____.
- Evaluations appear necessary in order to determine status of ability or presence of emotional factors that may impede academic progress. Interventions will continue during this evaluation process.

V. **Intervention Plan.** Summarize the student’s response to multi-tiered intervention(s). Supporting documentation **must** be attached.

INTERVENTION PLAN

Level of Support: <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3		
Goal Statement (<i>Must be linked to formative assessment results</i>):		
Initiation Date: _____	# sessions/week: _____	Length of session: _____ min
Progress Monitoring Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other _____		
Intervention Procedures: _____		

VI. The SAT will reconvene on or before _____ to review the results of the aforementioned intervention.

School Assistance Team Participants and Titles

_____	_____
_____	_____
_____	_____
_____	_____

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SAT REVIEW MEETING

Date of SAT Review _____

School _____

Student _____

Date of initial SAT meeting _____

Level of support currently be provided to student: Tier 1 Tier 2 Tier 3

Describe the effectiveness of intervention strategies implemented since the initial SAT meeting.
Attach supporting documentation.

Based on the reviewed data, the following action(s) will be taken:

- Continue intervention plan for _____ weeks.
The SAT will reconvene on or before _____ to review results of intervention.
- Develop or modify Tier 2 or Tier 3 intervention plan.
- A multidisciplinary evaluation is necessary to determine need for special education services.

School Assistance Team Participants and Titles

TO BE USED AT EVERY INTERVENTION / SAT REVIEW MEETING

- V. **Intervention Plan.** Summarize the student’s response to multi-tiered intervention(s). Supporting documentation **must** be attached.

INTERVENTION PLAN

Level of Support: <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3		
Goal Statement <i>(Must be linked to formative assessment results):</i>		
Initiation Date: _____	# sessions/week: _____	Length of session: _____ min
Progress Monitoring Schedule: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Other _____		
Intervention Procedures: _____		

- VI. The SAT will reconvene on or before _____ to review the results of the aforementioned intervention.

School Assistance Team Participants and Titles

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SAT REVIEW MEETING

Date of SAT Review _____

School _____

Student _____

Date of initial SAT meeting _____

Level of support currently be provided to student: Tier 1 Tier 2 Tier 3

Describe the effectiveness of intervention strategies implemented since the initial SAT meeting.
Attach supporting documentation.

Based on the reviewed data, the following action(s) will be taken:

- Continue intervention plan for _____ weeks.
The SAT will reconvene on or before _____ to review results of intervention.
- Develop or modify Tier 2 or Tier 3 intervention plan.
- A multidisciplinary evaluation is necessary to determine need for special education services.

School Assistance Team Participants and Titles

TO BE USED AT EVERY INTERVENTION / SAT REVIEW MEETING